REGISTRATION STATEMENT FOR THE GENERAL VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) PERMIT FOR CONCRETE PRODUCTS FACILITIES (VAG11)

I. APPLICANT INFORMATION

A. Facility Name: Virginia Concrete Company – Falls Church Plant

B. Facility Address: 7103 Gordons Road, Falls Church, VA 22043

C. Facility Owner: Virginia Concrete Company, Inc.

D. Owner's Mailing Address

1. Street P.O. Box 6250

2. City or Town Springfield State VA Zip Code 22150

3. Phone Number (703) 354-7100

4. Email address (if available)FoleyT@VMCmail.com

5. Indicate if DEQ may transmit the permit electronically. Yes X No ____

E. Name of Contact (if different from owner) Thomas Foley

F. Contact Mailing Address (if different from owner)

1. Street Same

2. City or Town ____ State ____ Zip Code ____

3. Phone Number Same

4. mail address (if available) FoleyT@VMCmail.com

II. FACILITY INFORMATION

A. Primary Standard Industrial Classification (SIC) Code 3273

Secondary SIC Codes N/A

B. Nature of business: (provide a brief description) We produce ready-mix concrete

If a Ready-Mix Concrete facility, is the plant permanent or portable? Permanent

C. Is this a proposed or existing facility? Existing

Does this facility currently have a VPDES permit? Yes X No ____

If yes, give permit number. VAG110010

Event	Date	Initials
Code:		
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(4/2013)

Does this facility currently have a VPA permit? Yes ____ No X____

If yes, give permit number._____

D. Describe any type of wastewater treatment or reuse/recycle system(s): Water flows through a series of settling pits to reduce the solids. Prior to discharge, water is treated with Sulfuric Acid to neutralize the pH. Process water can be recycled in a number of ways, which may include truck washout, dust control, batching in fresh concrete._____

Do any of the systems operate in a "no discharge" mode? Yes ____ No X____

If yes, which ones? _____

E. If settling basins are used for treatment and control of process wastewater or process wastewater and commingled storm water, indicate the date of construction for all basins receiving the listed wastewater.

Pits were constructed in approximately 1985 and then additional pits in 2004_____

Are these basins lined with concrete or any other impermeable materials? Yes X____ No ____

F. Are there vehicle or equipment degreasing activities performed on site? Yes ____ NoX ____

If yes, is there any process wastewater generated from these activities? Yes ____ No ____

G. Will this facility discharge non-contact cooling water from a geothermal unit or other system?

Yes ____ NoX ____ If "Yes", describe the source of non-contact cooling water _____

Are any chemical additives used in the geothermal or other system which discharges non-contact cooling water? Yes ____ No X____ If "Yes", complete 1, 2, 3 and 4.

1. List the chemical additive to be employed and its purpose: _____

_____

2. Give the proposed schedule and quantity of chemical usage, and the estimated concentration in the discharge: _____

3. Describe any wastewater treatment or retention (if any) to be provided during the use of the additives:

_____ and

4. Attach a Safety Data Sheet (SDS) and available aquatic toxicity information for each additive proposed for use.

H. Describe any measures employed to reclaim, reuse or dispose of the residual concrete materials. Residual concrete material is consolidated in a central location and hauled offsite to a recycling facility. All material is used as fill by others or processed into a recycled concrete aggregate. None of the residual concrete is disposed of onsite or in a landfill._____

III. FACILITY DRAWING

Attach a schematic drawing showing the source(s) of water used on the property, the industrial operations contributing to or using water, the conceptual design of the methods of treatment and disposal of wastewater and solids.

IV. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) SITE MAP

Attach the SWPPP site map. This site map and the map in V. may be combined.

V. MAP

Attach a U.S.G.S. 7.5 minute topographic map (or equivalent computer generated map) extending to at least one mile beyond property boundary. The map must show the property boundary and the location of each of its existing and proposed intake and discharge points. Include all wells, springs, rivers or other surface water bodies.

VI. DISCHARGE INFORMATION

A. List all discharge outfalls by a number that is the same as on the map required in Part IV and provide the information in the tables below:

Outfall Number	Type of Wastewater	Receiving Water Body	Latitude and Longitude
001	Process water,	Unnamed Trib to Tripps Run	38-53-30 / 77-11-30
002	Storm water	Unnamed Trib to Tripps Run	38-53-30 / 77-11-30

B. Estimate the flow in gallons per day (gpd) and identify the duration and frequency of the discharge for each separate discharge point:

Outfall Number	Daily Flow (gpd) Maximum/Average	Hours Per Day	Days Per Week
001	10800/3600	2	5
002	Unknown	Intermittent, Storm Water	Only

VII. REPRESENTATIVE OUTFALLS

A. Indicate which storm water outfall will be representative of other outfalls (if any): N/A _____

B. Which storm water outfalls are represented by the outfall in A. above?

Outfall Numbers: _____

Why is the discharge from the outfall(s) listed above expected to be identical with the discharge from the representative outfall (attach monitoring data if available)?

_____

_____

_____

Estimate of outfall drainage areas (in square feet): _____

Runoff coefficients for each area: _____

VIII. STORM WATER POLLUTION PREVENTION PLAN

If your facility is proposed (no permit yet), as identified under Item II.C., has a Storm Water Pollution Prevention Plan been prepared?

Yes ____ Date of plan: _____ No ____

IX. MUNICIPAL SEPARATE STORM SEWER SYSTEM

Does the facility discharge to a municipal separate storm sewer system (MS4)? Yes X____ No ____
If yes, you must notify the MS4 owner in writing of the existence of the discharge within 30 days of coverage under this general permit and copy the DEQ regional office with that notification. The notification to the MS4 owner shall include the name of your facility, a contact person and phone number, location of the discharge, nature of the discharge and your VPDES general permit number.

Provide the name of the MS4 owner: Fairfax County

X. PORTABLE CONCRETE OPERATIONS

Portable concrete operations must submit a closure plan with this registration statement. The following information must be in the closure plan:

A. Treatment, removal and final disposition of residual wastewater, contaminated storm water held at the facility and solids.
B. Fate of structures.
C. Removal plan for all exposed industrial materials.
D. Description of the stabilization of land in which exposed industrial materials were stored or placed.

XI. CERTIFICATION

"I hereby grant to duly authorized agents of the Department of Environmental Quality, upon presentation of credentials, permission to enter the property where the treatment works is located for the purpose of determining compliance with or the suitability of coverage under the General Permit. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Signature: _____ Date: 6·21·2013

Name of person signing above: George Priftis
(printed or typed)

Title: Senior Operations Manager

XII. ATTACHMENTS:

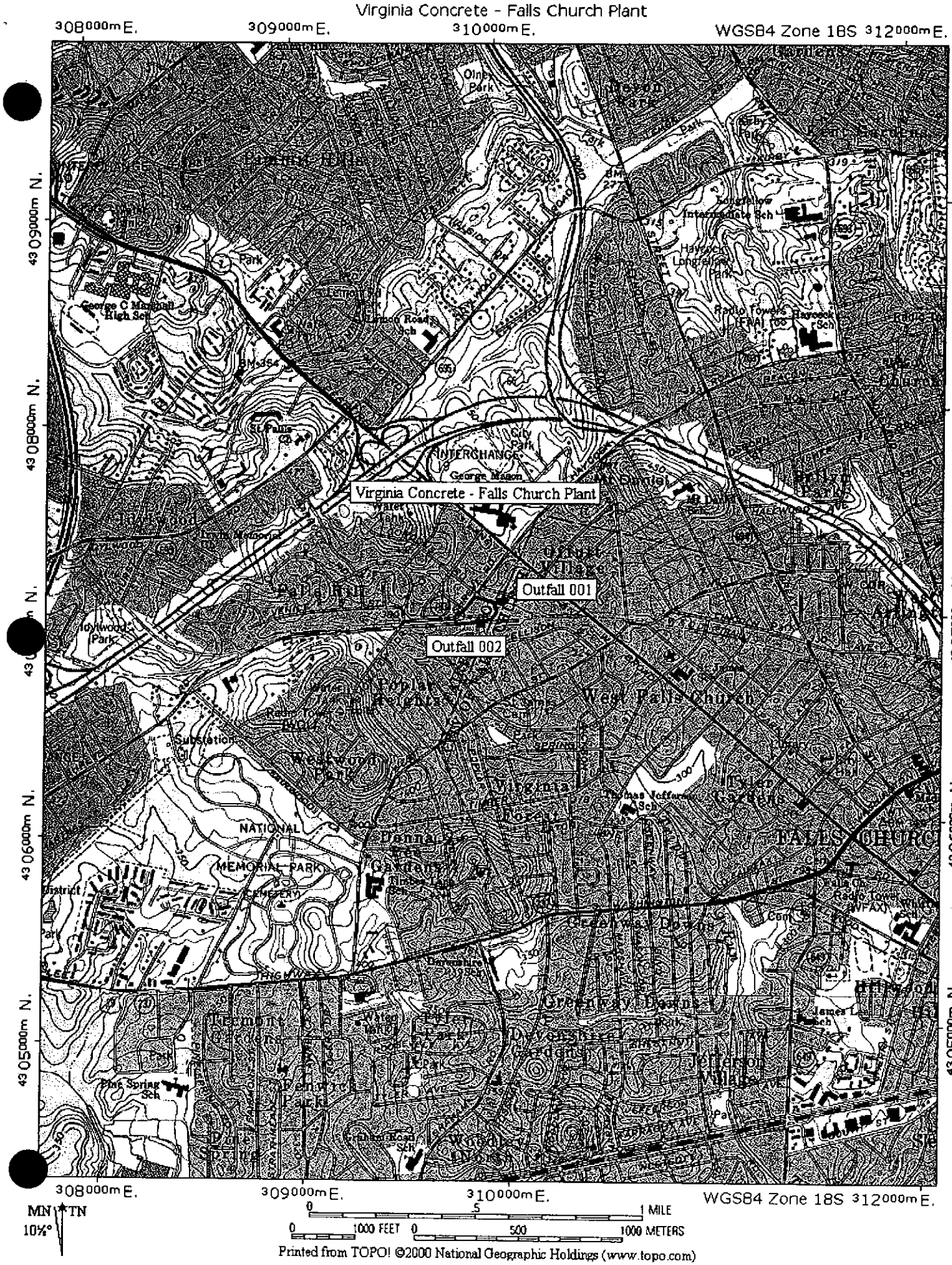
A. SDS and available aquatic toxicity information for chemical additives used in cooling systems (if applicable, see II G 4 above).
B. Facility Drawing
C. Storm Water Pollution Prevention Plan Site Map
D. Topographic Map (may be included in SWPPP map)
E. Closure Plan (for portable operations, if applicable)

~~For Department use only:~~

Accepted/~~Not Accepted~~ by: _____ Date: 8/23/13

~~Basin~~ Lower Potomac Stream Class III Section 7

Special Standards b



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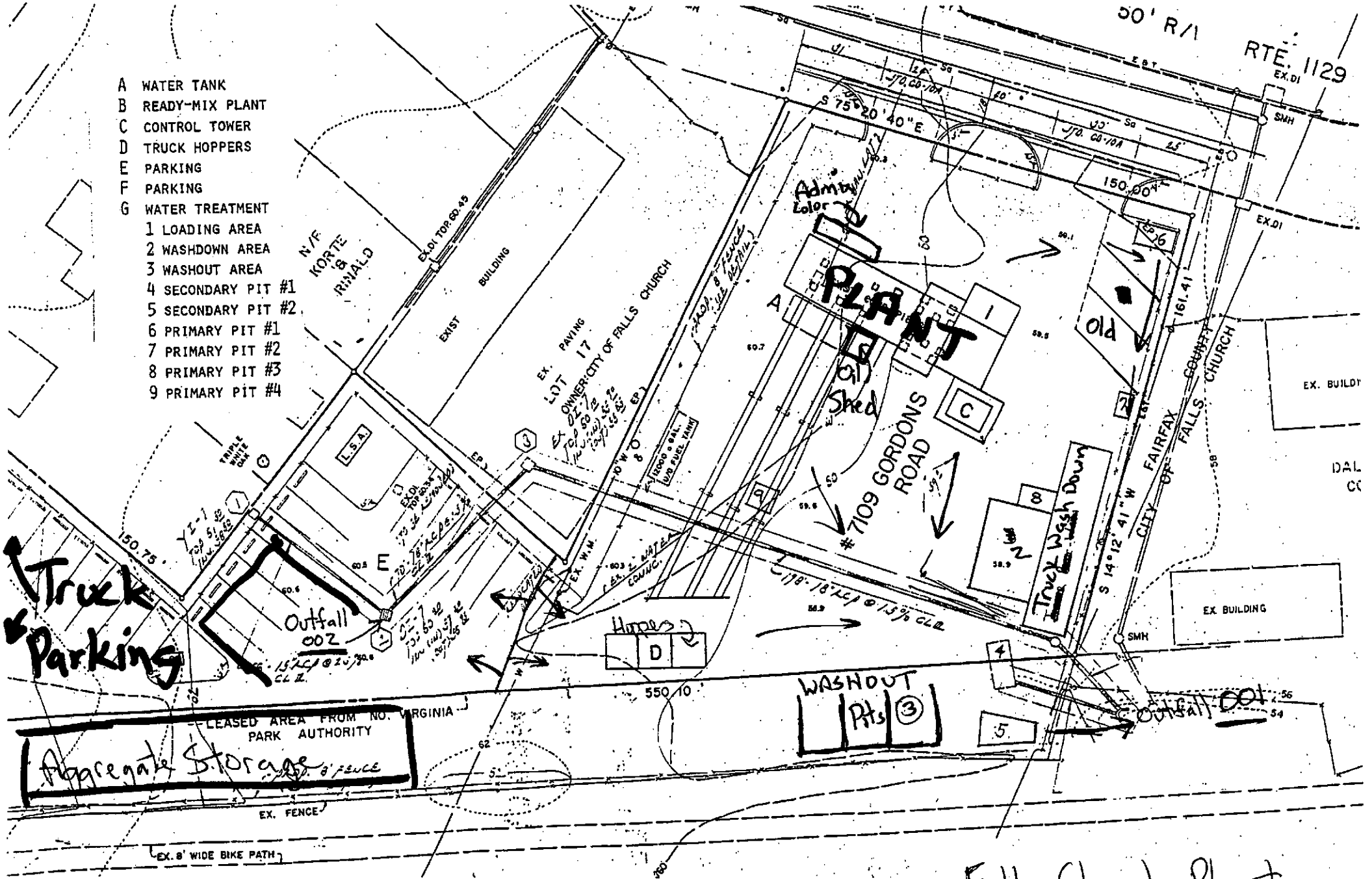

Falls Church Plant